

PAPER TRANSCRIPT REQUEST

ONLY STUDENTS THAT ATTENDED THE UNIVERSITY BETWEEN 1896 AND 1984 MUST COMPLETE THIS FORM. ONLINE PROCESSING IS NOT AVAILABLE FOR THESE RECORDS



Date of Request _____

Mail Transcript to the following address:

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Fill out one request form for each address to which you are sending transcripts

Please Print Legibly.

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First Term Entered SCSU _____ Term/Yr.

Level: _____ Undergraduate _____ Graduate

Currently enroll at SCSU YES NO

If NO, Date last enrolled _____

Email Address _____

Social Security # or Campus Wide ID _____ Birth Date _____

Name _____
Last First Middle Maiden

Other Last Names _____

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City _____ State _____ ZIP _____ Telephone () _____

Number of Copies _____ **\$15.00 Fee Required which includes undergraduate and graduate academic record**

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- | | | | |
|---|--|--------------------------------------|---|
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Name of School _____ | <input type="checkbox"/> Certification | <input type="checkbox"/> Employment | <input type="checkbox"/> Organizational
Membership |
| <input type="checkbox"/> Military | <input type="checkbox"/> Graduate School | <input type="checkbox"/> Scholarship | <input type="checkbox"/> Other _____ |

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